

**APPEAL APPLICATION**

SVMC 17.90

10210 E Sprague Avenue ♦ Spokane Valley WA 99206

Phone: (509) 720-5240 ♦ Fax: (509) 720-5075 ♦ [permitcenter@spokanevalleywa.gov](mailto:permitcenter@spokanevalleywa.gov)

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee: \_\_\_\_\_  
File #: \_\_\_\_\_

(Please check the applicable type of appeal you are requesting)

SEPA       SHORELINE       CONSTRUCTION       ADMINISTRATIVE DECISION  
 COMPLIANCE NOTICE OF VIOLATION OTHER     

**PART I – APPLICATION INFORMATION**

APPELLANT NAME:
MAILING ADDRESS:
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ CELL: _____ EMAIL: _____

REPRESENTATIVE (IF DIFFERENT THAN APPELLANT OR ATTORNEY)

REPRESENTATIVE NAME:
MAILING ADDRESS:
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ CELL: _____ EMAIL: _____

APPLICANT (IF DIFFERENT THAN APPELLANT OR ATTORNEY)

APPLICANT NAME:
MAILING ADDRESS:
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ CELL: _____ EMAIL: _____

## **PART II – REASON FOR APPEAL**

**ON A SEPARATE SHEET OF PAPER SUBMIT RESPONSES TO THE FOLLOWING:**

1. State how the appellant has standing to appeal pursuant to SVMC 19.30.030: how the appellant is significantly affected by or interested in the matter being appealed.
2. State the appellant's issues on appeal: the specific decision and specific portions of the decision or determination being appealed and the specific reasons why each aspect is in error as a matter of fact or law.
3. Identify the facts upon which the appellant relies to sustain the statement(s) of error.
4. State the evidence showing that the specific issues raised on appeal were raised during the period in which the record was open.
5. State the specific relief requested, such as reversal or modification.

Any issue not identified or raised in the appeal application shall be considered untimely and shall be deemed waived pursuant to SVMC 17.90.040(B) and Appendix B, Chapter III (A)(4).

## **PART III – SIGNATURE**

---

**Appellant/Appellant's Representative**

**Date**

**THIS FORM MUST BE COMPLETED AND RECEIVED BY THE CITY OF SPOKANE VALLEY WITHIN THE APPEALABLE PERIOD AS SPECIFIED IN THE FINAL DECISION ALONG WITH THE FOLLOWING:**

- Required fee
- File number and a copy of the decision or determination being appealed.
- Reasons for appeal, as required in Part II, on a separate sheet of paper.